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**2011 AND 2012 HEALTH PROFILES**

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**SUMMARY REPORT****Purpose of the Report**

1. The purpose of the attached report is to appraise Members of the headline messages on the Health Profile 2012, in comparison with the Health Profile 2011. Reference is made to Task and Finish work undertaken by Health and Partnerships Scrutiny Committee Members.
2. Publication of the Health Profile 2013 is delayed. When available from the England Public Health Observatories, the Director of Public Health will make available a report and presentation to Scrutiny for information and discussion.

**Summary**

3. The health of people in Darlington is mixed compared with the England average. While rates of road injuries and deaths and statutory homelessness are lower than average, most of the 32 indicators which make up the Health Profiles show a below national average experience and higher burden of ill-health. Life expectancy for both men and women in Darlington has improved but remains lower than the England average.
4. The Health Profiles cluster 32 indicators across 5 domains:
  - (a) *Our communities*
  - (b) *Children's and young people's health*
  - (c) *Adults' health and lifestyle*
  - (d) *Disease and poor health*
  - (e) *Life expectancy and causes of death*
5. The profile shows how the health of people in Darlington compares with the rest of England.
6. Health Profiles are produced by the England Public Health Observatories and are available at [www.healthprofiles.info](http://www.healthprofiles.info)

**Recommendations**

7. It is recommended that Members note the report on Darlington Health Profiles and are informed about key health issues affecting their communities.

**Miriam Davidson, Director of Public Health**

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**Background Papers**

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Health Profile 2012  
 Health Profile 2011  
 Health and Partnerships Scrutiny Committee reports on Long Term Conditions and  
 Chronic Obstructive Pulmonary Disease (COPD), April 2013

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S17 Crime and Disorder	This report has no implications for Crime & Disorder.
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Emissions	This report has no implications for Carbon Emissions.
Diversity	There are no issues relating to Diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected Members contributing to the Healthy Darlington Theme Group.
Efficiency	There are no issues relating to Efficiency which this report needs to address.

## **MAIN REPORT**

### **Information and Analysis**

#### **Feedback on Darlington Health Profiles 2011 and 2012**

8. The Darlington Health Profiles 2011 and 2012 provide a picture of health and patterns of ill-health in the Borough. The report is designed to assist the Council and partners to understand needs of communities subsequently informing decisions to improve peoples' health and reduce health inequalities.
9. The profiles consist of 32 indicators which are largely consistent across 2010 -2012 providing an opportunity to review progress and trends. The sub-headings below represent the domains into which the indicators are clustered.

#### **Our Communities**

10. The 2012 Health Profile indicates a rise in deprivation i.e. people living in the most deprived quintile (20%) in England. There is also a rise in children living in poverty i.e. children under 16 years.

#### **Children's and young people's health**

11. Areas of concern, where the health status has not improved, include mothers smoking in pregnancy and the significantly lower than national average rate for starting breast feeding.
12. A new indicator in 2012 was the Alcohol-specific hospital stay (under 18 years) which is significantly higher than the England average.
13. Teenage conceptions however, while still worse than England, have continued to fall over time.

#### **Adults' health and lifestyle**

14. Adults who smoke, are obese, eat few portions of fruit or vegetables and are not physically active are reported in this domain.

#### **Disease and poor health**

15. The profiles indicate that hospital stays for self-harm and alcohol-related harm are significantly worse than the England average.
16. The rise in diagnosis of people with diabetes in Darlington is an indicator of complex health needs.

#### **Task and Finish**

17. The Health and Partnerships Scrutiny Task and Finish Group on Long Term Conditions (LTC) included in their recommendations that the "...Council and providers work with Darlington Clinical Commissioning Group (CCG) to develop a fully integrated pathway for long term conditions." (Page 12, LTC Final Report).

#### **Life expectancy and causes of death**

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18. The majority of indicators in this domain have improved on the previous 2011 profile i.e. an improved life expectancy for both men and women compared to the England average. The rates of road injuries and deaths are significantly lower than the England average.
19. Smoking-related deaths are significantly higher than the England average. Tobacco use is the single greatest cause of preventable death in Darlington (211 people in a three year period aged 35 and over) and is the key reason for the gap in health life expectancy between the most and least well off.

### **Task and Finish**

20. The Health and Partnerships Scrutiny Task and Finish Group on Chronic Obstructive Pulmonary Disease (COPD) considered a wide range of issues in relation to the prevalence and impact of the disease. Smoking, whilst not the sole cause of COPD, is the major cause of the debilitating condition. Recommendations by the Task and Finish Group focussed on prevention, awareness training, service access and voluntary sector links. (Page 7, COPD Final Report).

### **Living well for longer**

21. Darlington Borough Council has a key role to play in preventing and reducing premature deaths from diseases such as cancer, heart disease, stroke, respiratory disease and alcohol-related liver conditions. By tackling these conditions we will also help reduce health inequalities as the more disadvantaged people are, the more likely they are to die before they reach 75 years of age.